

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002131

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 25

FILED JAN 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 828 Pearl		d. STREET ADDRESS (If outside, give location) 828 Pearl	
3. NAME OF DECEASED (Type or print) First Middle Last Blanche Mae Scott		4. DATE OF DEATH Month Day Year January 12 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-23-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
13a. FATHER'S NAME Benjamin Cresson		13b. MOTHER'S MAIDEN NAME Mary White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		17. INFORMANT Mrs. Rita Watson, Joplin, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uterine cancer		12. CITIZEN OF WHAT COUNTRY U S A	
PART II. OTHER SIGNIFICANT CONDITIONS. CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 3-14-56		20f. CITY, TOWN, OR LOCATION Joplin	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 3-14-56 to 1-12-1963 and last saw her alive on 12-29-62		22c. DATE SIGNED 1-14-63	
22a. SIGNATURE (Degree or title) Johnnie Walker MD		22b. ADDRESS 304 Medical Arts Bldg. Joplin, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-15-1963	
23c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery		23d. LOCATION (City, town, or county) (State) Joplin Missouri	
24. FUNERAL DIRECTOR Mason Chapel, 108 Range Line, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 1-16-1963	
26. REGISTRAR'S SIGNATURE Dore Merriam			

(Licensed Embalmer's Statement on Reverse Side)

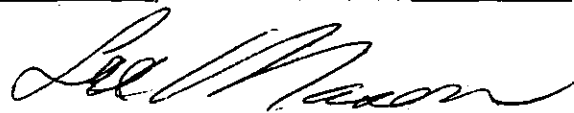
USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4568

P. O. Address Joplin, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.